**Rocky Mountain Indian Chamber of Commerce**

**Colorado Indian Education Foundation**

**American Indian Scholars**

**Scholarship Program**

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**History**:

The Colorado Indian Education Foundation (CIEF) is a nonprofit organization providing

educational opportunities and scholarships in the State of Colorado. Sponsorship by The Medicine Heart Dancers, a local nonprofit organization for Native youth, brings the inaugural presentation of The Lance Allrunner Memorial Scholarship to this year’s gala. Lance Allrunner was an active member of the Native American community, throughout many states, and was involved with numerous youth oriented groups where he influenced many kids. The Medicine Heart Dancers have created a scholarship to honor the memory of his dedication to the Native community, Native youth, and his passion for higher education. Visit the Medicine Heart Dancers at [www.facebook.com/themedicineheartdancers](http://www.facebook.com/themedicineheartdancers).

**Purpose of Award:**

The purpose of this scholarship is to assist American Indian students with educational

expenses. One scholarship of $1,000 will be awarded for the 2012-2013 school year.

**Eligibility Requirements:**

An applicant must:

1. Be a resident of Colorado, verified by a Driver’s License or other official document.
2. Have a grade point average of 2.5 or higher.
3. Be actively involved in the Native American Community, proof may be required
4. Be willing to participate in 10 volunteer hours with The Medicine Heart Dancers

***Applications must be postmarked by October 1, 2012***

**Required documents for submission:**

1. Completed application form.
2. Evidence of admission to an accredited college, university or vocational/trade school in the State of Colorado.

3. A copy of your transcripts (recent high school graduates must submit a high school

transcript).

4. A copy of your most recent tax return.

5. Two letters of recommendation, with one letter from one of the following individuals:

teacher, advisor/counselor, tribal government representative and/or civic leader.

6. An essay describing your chosen field of study, your educational goals, career goals,

involvement in the Indian community and how this scholarship will help you in furthering your education (maximum 500 words).

**Application Procedure:**

The application form must be completed in its entirety. Incomplete applications will not be

reviewed. **One copy must be submitted to the following address and the application must**

**be postmarked by October 3, 2008**

Mailing address: American Indian Scholars Program

Rocky Mountain Indian Chamber of Commerce

P.O. Box 40749

Denver, CO 80204

**Application Form**

1. **Applicant’s Full Legal Name (Last/First/Middle Initial):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **Current Mailing Address**:

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Address (if different from above)**:

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. **Phone Numbers:**

Daytime \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

5. **Social Security Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. **Sex:** [ ] Male [ ] Female

7. **Date of Birth: \_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. **Tribal Affiliation:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. **School that you plan to attend for the upcoming academic year:**

Name of Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of Admission Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. **Classification of program:**[ ] Diploma [ ] Certificate [ ] Associate of Arts [ ] Undergraduate [ ] Graduate

11. **Field of study:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. **Degree sought:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. **Expected graduation date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. **Full time student:** [ ] Yes [ ] No

15. **Have you attached evidence that you are enrolled or have been accepted into**

**the program listed above:** [ ] Yes [ ] No

16. **Which system does the school use:** [ ] Semester [ ] Trimester [ ] Quarter

17. **Indicate the official start date of the upcoming term:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION DEADLINE: October 1, 2012.** Include this form and all other materials

required for this scholarship postmarked by October 1, 2012 and mail to:

American Indian Scholars Program

Rocky Mountain Indian Chamber of Commerce

P.O. Box 40749

Denver, CO 80204

**Please note that incomplete applications will not be considered for review.** If you

have any questions about this program, you can visit the website for additional

information, send an email to [themedicineheartdancers@gmail.com](mailto:themedicineheartdancers@gmail.com).